

MICHIGAN DEPARTMENT OF CORRECTIONS  
**RESPONSE TO REQUEST FOR PUBLIC RECORDS - FOIA**

CSH-479  
 REV 6/19

Requester Name: <i>Ian Cross</i>	Requester Type: <i>General Public</i>	Files <input type="checkbox"/>	PB <input type="checkbox"/>	Request Date <i>9/28/2020</i>	Received Date <i>9/29/2020</i>	FOIA No. <b>20- 3657</b>
Address: <i>ian@lawinannarbor.com</i>	Description of Requested Records: <i>Jackson #445579</i> <i>1) Any emails, faxes, or other written or electronic correspondence sent between Acting CMO Dr. William Borgerding and any employee(s) or contractor(s) of Corizon Health, Inc. that relates to former inmate Kohchise Jackson, MDOC# 445579, dated between 04/01/2017 and Dr. Borgerding's retirement in October 2017. 2) Any Medical Service Advisory Committee Guidelines that were in effect at any time between 04/01/17 and 08/01/19, and concerned prisoner colostomies. 3) All Step I, Step II, and Step III grievance responses issued by MDOC between 01/01/17 and 01/01/20, where the grievance issue concerned a colostomy."</i> <i>Authorization release attached.</i>					
<b>THE FOLLOWING ACTION HAS BEEN TAKEN IN COMPLIANCE WITH THE MICHIGAN FREEDOM OF INFORMATION ACT</b>						
<b>SEE BELOW AND BACK OF FORM IF RECORDS ARE EXEMPT FROM DISCLOSURE OR FOR ADDITIONAL INFORMATION</b>						
<p><i>As indicated in our previous response sent on October 14, 2020, part one of your request is denied because our Department could not find any information in the prison file for Jackson, MDOC# 445579, as requested. Therefore, the requested records do not exist in the records of this Department under the name or description provided or by another name reasonably known to this Department. Please note prisoner's medical information is kept at Dwayne Waters Health Center. So, you may wish to submit a request to Duane Waters Health Center, Attn: Health Information Services, 3857 Cooper St., Jackson, MI 49201. You can also fax your request to 517-780-5724 or 517-780-5405 or email your request to ElsassC1@michigan.gov.</i></p> <p><i>Part two of your request is denied because MSAC guidelines do not exist for colostomies. Therefore, the requested records do not exist within the records of this Department under the name or description provided or by another name reasonably known to this Department. A copy of the MSAC Guideline 0003 for single person cells references colostomies for Paraplegic prisoners was furnished to you in the initial response on 10/05/2020.</i></p>						

MICHIGAN DEPARTMENT OF CORRECTIONS  
**RESPONSE TO REQUEST FOR PUBLIC RECORDS - FOIA**

CSH-479  
 REV 6/19

Requester Name: <i>Ian Cross</i>	Requester Type: <i>Attorney</i>	Request Date <i>9/28/2020</i>	Received Date <i>9/29/2020</i>	FOIA No. <b>20- 3657</b>
Address: <i>ian@lawinannarbor.com</i>		Description of Requested Records: <i>Jackson #445579</i> <i>1) Any emails, faxes, or other written or electronic correspondence sent between Acting CMO Dr. William Borgerding and any employee(s) or contractor(s) of Corizon Health, Inc. that relates to former inmate Kohchise Jackson, MDOC# 445579, dated between 04/01/2017 and Dr. Borgerding's retirement in October 2017. 2) Any Medical Service Advisory Committee Guidelines that were in effect at any time between 04/01/17 and 08/01/19, and concerned prisoner colostomies. 3) All Step I, Step II, and Step III grievance responses issued by MDOC between 01/01/17 and 01/01/20, where the grievance issue concerned a colostomy.</i> <i>Authorization release attached.</i>		
<b>THE FOLLOWING ACTION HAS BEEN TAKEN IN COMPLIANCE WITH THE MICHIGAN FREEDOM OF INFORMATION ACT</b>				
Request Granted	<input type="checkbox"/>	No. of pages:	See fee assessment below.	
Request Granted in Part/Denied in Part	<input checked="" type="checkbox"/>	No. of pages: <b>25</b>	Portions of requested records are exempt from disclosure. See explanation and fee assessment below.	
Request Denied	<input type="checkbox"/>	Requested records are exempt from disclosure. See explanation below.		
	<input checked="" type="checkbox"/>	Requested records do not exist within the records of this Department under the name or description provided or by another name reasonably known to this Department.		
	<input type="checkbox"/>	Request does not describe the record sufficiently to enable this Department to determine what record is requested.		
	<input type="checkbox"/>	To the extent the records are available, home address, telephone numbers, and personnel records of employees of this Department are exempt from disclosure pursuant to MCL 791.230a. This includes but is not limited to investigatory, disciplinary, and time and attendance records.		
10 Day Extension	<input type="checkbox"/>	Due Date:	Reason for Extension:	
<b>FEE ASSESSMENT</b>				
<input type="checkbox"/> Fee Waived.				
<input type="checkbox"/> Non-exempt records will be sent upon receipt of payment in the amount of _____ payable by check or money order to the State of Michigan. Cash cannot be accepted. Send payment to Michigan Department of Corrections, Attn: FOIA Coordinator, at the return address identified on the envelope or as otherwise provided.				
<input type="checkbox"/> A 50% good faith deposit is required in the amount of _____ payable by check or money order to the State of Michigan. Cash cannot be accepted. Send payment to Michigan Department of Corrections, Attn: FOIA Coordinator, at the return address identified on the envelope or as otherwise provided. Upon receipt of the deposit, the Department will process your request. Thereafter, you will be informed of the balance due and any applicable exemptions.				
<b>SEE BELOW AND BACK OF FORM IF RECORDS ARE EXEMPT FROM DISCLOSURE OR FOR ADDITIONAL INFORMATION</b> <i>On October 26, 2020, the Department received a deposit amount of \$780.14. Your request was processed and completed. The final remaining balance of \$780.14 is due. Once we have received the amount owed, we will send the non-exempt releasable records upon receipt of payment. Please note part three of your request is granted in part and denied in part. The Grievance Department completed the manual hand search, and located a total of 25 grievances, which are responsive to your request for all Step I, Step II, and Step III grievance responses issued by the MDOC between 04/01/2017 through 12/31/17, where the grievance issue concerned a colostomy.</i>				
<b>FOR THE ENCLOSED RECORDS, THE FOLLOWING EXEMPTIONS APPLY UNDER THE FOIA:</b> <i>Prisoner's names and numbers are exempt from disclosure of Section 13(1)(a).</i>				
The MDOC's FOIA Procedures and Guidelines can be accessed at <a href="http://www.michigan.gov/corrections/0,4551,7-119-72644-357786--,00.html">www.michigan.gov/corrections/0,4551,7-119-72644-357786--,00.html</a> . If your request is denied in whole or in part, or you believe the fee charged exceeds the amount allowed by the Department's procedures and guidelines or MCL 15.234, you have the right under the Michigan Freedom of Information Act to:				
1 Appeal the denial of your request or the fee charged to the Director. Your appeal must be submitted in writing to the Michigan Department of Corrections, Attn: Office of Legal Affairs, P.O. Box 30003, Lansing, MI 48909. The appeal must be specifically identified as a FOIA appeal and must state the reason or reasons for reversal of the denial or specifically identify how the required fee exceeds the amount permitted. The Director will respond to the appeal in accordance with MCL 15.240.				
2 Commence a civil action in the Court of Claims within 45 days after receiving a determination of your appeal to the Director for a fee reduction.				
3 Commence a civil action in the Court of Claims within 180 days after the final determination is made to complete the Department's disclosure of the public records. If you prevail in such an action, the court is to award reasonable attorney fees, costs and disbursements, and possible damages.				
<b>I CERTIFY THAT THE DOCUMENTS PROVIDED IN RESPONSE TO THIS REQUEST ARE TRUE AND ACCURATE COPIES.</b>				
FOIA COORDINATOR: <i>Andrew Phelps</i>			DATE: August 27, 2021	



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
LANSING

HEIDI E. WASHINGTON  
DIRECTOR

**STEP III GRIEVANCE DECISION**

111415

28E

To Prisoner:

Current Facility:

MTU

Grievance ID #: MTU-19-09-0591-28E

Step III Received: 10/22/2019

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

**THE REJECTION IS UPHELD.**

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

Richard D. Russell, Manager Grievance  
Section, Office of Legal Affairs

Date Mailed:

OCT 25 2019

cc: Warden, Filing Facility:

MTU

## MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 5/09

**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**

CSJ-247B

Date Received by Grievance Coordinator  
at Step II: 10.1.19Grievance Identifier: MTW19091591128E**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A-STEP-I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

OCT 22 2019

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: G.C.  
by 10.10.19. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
[REDACTED]	[REDACTED]	MTU	A-36	9.04.19	9.27.19

**STEP II — Reason for Appeal** I am in pain and suffering and you all are saying the surgery is not necessary

**STEP II — Response**

See Attached

Date Received by  
Step II Respondent:10.1.19

D. Ayne Burton  
Respondent's Name (Print)

Dwayne Burton  
Respondent's Signature

10-7-19  
Date

Date Returned to  
Grievant:10-8-19

**STEP III — Reason for Appeal** I wrote health care about my surgery to have these "two" colostomy bags I have been on for four years removed. McClaren Hospital said the surgery could be done after putting me to sleep and checking my insides, they said they would do the surgery and I wouldn't be in severe pain anymore. Health care ~~said~~ the surgery wasn't honored and that the surgery was needed. I don't understand how this surgery isn't needed in this hostile environment also when I am in so much pain. Thank you and God bless you.

**NOTE:** Only a copy of this appeal and the response will be returned to you.

**STEP III — Director's Response** is attached as a separate sheet.

**DISTRIBUTION:** White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

RICHARD A. HANDLON  
CORRECTIONAL FACILITY  
SECOND STEP GRIEVANCE RESPONSE

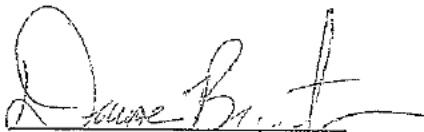
GRIEVANCE NUMBER: MTU1909 591 28E

PRISONER NAME: [REDACTED]

PRISONER NUMBER: [REDACTED]

RESPONSE

The Step I rejection has been reviewed by the Warden's Office in accordance with PD 03.02.130, Prisoner/Parolee Grievance, and the **REJECTION IS UPHELD AT STEP II.**



Warden D. Burton

10-7-19

Date

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94

CSI-247A

Date Received at Step I 9.12.19 Grievance Identifier: MTU/1909/591/28E

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
[REDACTED]	[REDACTED]	M.T.U.	A-36	9.04.19	9.06.19

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 9.04.19If none, explain why. I wrote an second kite to healthcare about the surgery, Williams RN responded to my Kite, saying it has been explained to me several times that the surgery was medically unnecessary. I don't never remember them telling me I don't need the surgery.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. They won't tell me why they denied my surgery and basically said I didn't need it. McLaren Doctors said the surgery can be done, so its illogical to keep me on two colostomy bags suffering. The pain is ~~excruciating~~ excruciating at times. I still have a staple poking out of my right ostomy; blood is constantly leaking out my left intestines. I can only sleep on my right hip or my bag ~~will~~ will leak all over me with mucus and feces. (sometimes it still leaks no matter what or even fall off at times. My right hip is making me walk with a limp now and its very painful getting out of bed. My knees are turning black from kneeling over the toilet on my knees to empty out my Mucus and feces bags. If I sit on the toilet an empty the bags, the feces or mucus will spill on to my skin. Everytime i change my bags its a chance of getting infected, because im inside my cell right next to a toilet thats unsanitary to have my intestines exposed next to a toilet. I can't ~~work~~ exercise to my full potential also what if an inmate decides to hurt me bad by attacking my abdomen where my intestines are hanging out from. I need my full physical ability highly dangerous hostile environment ground sexual predators, murderers, mental ill and more. I cant even gain weight the proper way on these colostomy bags. Its unnecessary for me to have to stay on colostomy bags when a doctor verify the surgery can be done

its going on five years I been like this. Thank you God bless.

Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☒ No If No, give explanation. If resolved, explain resolution.)

Grievant filed an untimely grievance Per PD 03.02.130.  
Grievance Rejected.

N. Lake 9.12.19  
Respondent's Signature Date  
N. Lake CR10  
Respondent's Name (Print) Working Title

J. A. 9.20.19  
Reviewer's Signature Date  
J. A. AO  
Reviewer's Name (Print) Working Title

Date Returned to Grievant: 9.23.19  
If resolved at Step I, Grievant sign here.  
Resolution must be described above.

Grievant's Signature

Date



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
LANSING

HEIDIE WASHINGTON  
DIRECTOR

**STEP III GRIEVANCE DECISION**

101105

28E

To Prisoner:

Current Facility:


Grievance ID #: MTU-18-06-0646-28E

Step III Received: 8/21/2018

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

**THE REJECTION IS UPHELD.**

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

  
Richard D. Russell, Manager Grievance  
Section, Office of Legal Affairs

Date Mailed:

AUG 23 2018

cc: Warden, Filing Facility:

MTU



## MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 5/09

**PRISONER/PAROLEE GRIEVANCE-APPEAL FORM**

CSJ-247B

RECEIVED - MDOC  
Date Received by Grievance Coordinator at Step II: 8/9/18 Grievance Identifier: MTU18D6100646028E  
AUG 21 2018

**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Lake  
by 8/6/18. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
		MTU	38-A	11/18/17	8-3-18

**STEP II — Reason for Appeal** <sup>OF</sup> **ABSENT ANY CONCERN OR CONSIDERATION FOR THE NATURE OF MY HEALTH CARE RELATED ISSUE, RESPONDENT ASSERTS, AND REVIEWER CONCURS, THAT THE ADHOC POLICY IMPLICATION USED TO REJECT THIS GRIEVANCE, SHOULD UNDERMINE THE MDOC OBLIGATION TO PROVIDE ADEQUATE AND PROPER MEDICAL TREATMENT. FURTHERMORE THIS WOULD IMPLY THAT MDOC POLICY SHOULD SOMEHOW NEGATE THE LAW (STATE/FEDERAL) WHICH REQUIRES THIS INSTITUTION TO TREAT ALL OF ITS OCCUPANTS, MYSELF IN PARTICULAR, HUMANELY, WITH DIGNITY, RESPECT. MOREOVER THE LAWS PRESCRIBE EVEN MORE SPECIALIZED TREATMENT PROVISIONS FOR INDIVIDUALS WHO ARE DEEMED DISABLED, INCLUDING BY COGNITIVE DISORDERS. FOR THESE REASONS AMONG OTHERS, I AM ENTITLED TO HAVE A MORE APPROPRIATE MEDICAL ASSESSMENT TO DETERMINE WHY AFTER APPROXIMATELY ONE YEAR NOW I AM STILL EXPERIENCING PAIN AND IRRITATION, FROM WHAT SEEMS TO BE A REMAINING STITCH/STAPLE, AT THE SITE OF MY OSTOMY. THE AMOUNT OF TIME I HAVE ENDURE THE AFFLICTION OF THIS APPARENT MISHAP, WITH OPERATION SHOULD BE MORE RELEVANT THAN HOW LONG IT'S TAKEN ME TO WRITE THIS GRIEVANCE. #COMMONSENSE**

**STEP II — Response**

Date Received by  
Step II Respondent:

Dwayne Burton Dwayne Burton 8-13-18  
Respondent's Name (Print) Respondent's Signature Date

Date Returned to  
Grievant:

8/14/18

**STEP III — Reason for Appeal** **I wrote a Kite, they charged me \$,00 dollars and I did not receive any Health weekly appointments (so it didn't make sense to write another kite and get charged again). I notified nurses till the Point one of the nurses got irritated with me and raised her voice (I stop asking for help then decided that the Grievance Process was the only way. My skin is irritated and I am in pain when I clean my ostomy or lay on my side. Besides me constantly bringing my problem to their attention, I am in suspense of why they never followed up with me, to see how I'm doing. I am convinced that the Health care at this Prison do not like to do serious hands on work. Well they don't have to like it, but I know if it's necessary (for hands on work) they have to get it done some way some how. I know it's going against my rights to just leave me in pain for all of these months, not mentioning what it's doing to me mentally. The reason why it's untimely because I was trying to give them time to do their job, the other reason is that I**

**NOTE: Only a copy of this appeal and the response will be returned to you.**

**STEP III — Director's Response is attached as a separate sheet.**

DISTRIBUTION: White — Process to Step III; Green, Canary, Pink — Process to Step II; Goldenrod — Grievant



RICHARD A. HANDLON  
CORRECTIONAL FACILITY  
SECOND STEP GRIEVANCE RESPONSE

GRIEVANCE NUMBER: MTU180600646028e

PRISONER NAME:



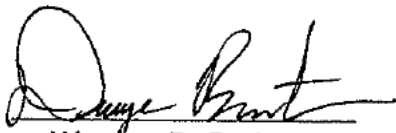
PRISONER NUMBER:



RESPONSE

The Step I rejection has been reviewed by the Warden's Office in accordance with PD 03.02.130, Prisoner/Parolee Grievance, and the **REJECTION IS UPHELD AT STEP II.**

You are encouraged to seek health care for any medical concerns.

  
Warden D. Burton

8-13-18  
Date

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94  
CSJ-247ADate Received at Step I 6/26/18 Grievance Identifier: MTU 18D6100646028E

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
[REDACTED]	[REDACTED]	M.T.U.	A-36	11.18.17	6.22.18

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 6.22.18

If none, explain why.

I told nurse Pink to notify Dr. Sices about my stitches still not dissolved. I spoke to several different nurses about this ongoing issues. I just don't remember all the dates.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

Its been ten months since my surgery and I still have a stitche in my lower chest. I've notified healthcare about this stiche in November last year and they charged me so I didnt write another Kite, instead I just told almost every nurse that I encounter with about the stitche not dissolving. I also spoke to Dr. Sices last month and probably a couple months before last. He said I was over exaggerating and the stitches takes time to dissolve. I was trying to avoid writing this grievance because I didn't want to get on any ones bad side, but im left with no choice. Thank you for hearing me out [REDACTED]

Grievant's Signature

RESPONSE (Grievant Interviewed?) ☐ Yes ☒ No If No, give explanation. If resolved, explain resolution.)

See Attached

[Signature]  
Respondent's Signature

N. Lake  
Respondent's Name (Print)

6/26/18  
Date

CR210  
Working Title

[Signature]  
Reviewer's Signature

Anthony D. Shiner  
Reviewer's Name (Print)

6/26/18  
Date

[Signature]  
Working Title

Date Returned to

Grievant: 6/28/18

If resolved at Step I, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date

MICHIGAN DEPARTMENT OF  
CORRECTIONS

CSJ-247S – DRAFT 6/2018

## STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM

Grievance #:	MTU-18-06-646-028e	Prisoner Interviewed:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF NO, GIVE REASON	See Decision Summary for Reason
Prisoner Name:					
Prisoner #:					
<b>COMPLAINT SUMMARY:</b>					
Grievant claims he kited medical in November 2017 about a stitch in his chest, but they charged him so he did not kite medical to be seen again.					
<b>INVESTIGATION SUMMARY:</b>					
<b>APPLICABLE POLICY, PROCEDURE, ETC.:</b>					
P.D.03.02.130					
<b>DECISION SUMMARY:</b>					
Grievant filed an untimely grievance as set in P.D.03.02.130. Grievance Rejected.					
As reported on CSJ-247A Step I Prisoner/Parolee Grievance Form: <input type="checkbox"/> Resolved: <input type="checkbox"/> Partially Resolved: <input type="checkbox"/> Denied: <input type="checkbox"/>					
RESPONDENT NAME:	N. Lake	TITLE:	Grievance Coordinator		
RESPONDENT SIGNATURE:	<i>N. Lake</i>	DATE:	6/26/18		
REVIEWER NAME:	D. Shaver	TITLE:	A/Deputy Warden		
REVIEWER SIGNATURE:	<i>D. Shaver</i>	DATE:	6/26/18		

Distribution: Original - Step I Grievance Coordinator

Copies -- 3 To grievant for personal copy and potential Step II and III appeals.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
LANSING

HEIDI E. WASHINGTON  
DIRECTOR

**STEP III GRIEVANCE DECISION**

91766

28A

To Prisoner:

Current Facility:

MTU

Grievance ID #:

MTU-17-05-0351-28A

Step III Received:

8/7/2017

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

**THE REJECTION IS UPHOLD.**

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

Richard D. Russell, Manager Grievance  
Section, Office of Legal Affairs

Date Mailed:

AUG 31 2017

cc: Warden, Filing Facility: MTU

MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 5/09

CSJ-247B

**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**Date Received by Grievance Coordinator  
at Step II: 6-12-17Grievance Identifier: MTU1710510135110281a**INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.**

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the Goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

RECEIVED MDOC

AUG 07 2017

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Grievance  
Coordinator by 6-21-17. If it is not submitted by this date, it will be considered terminated  
untimely

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

	Institution	Lock Number	Date of Incident	Today's Date
	<u>M.T.U.</u>	<u>A-49</u>	<u>5-21-17</u>	<u>6-10-17</u>

**STEP II — Reason for Appeal***\* See Attachments (two pages)***STEP II — Response**Date Received by  
Step II Respondent:6-13-17*See attached response*Warden D. Burton  
Respondent's Name (Print)Dmye Burt  
Respondent's Signature7-21-17  
DateDate Returned to  
Grievant:7-24-17

**STEP III — Reason for Appeal** I have been in M.D.O.C. for seven months. I am on Colostomy bags and I am suffering. I am so depressed because these Colostomy bags are leaking on me all day everyday. They are falling off me when I ~~show~~ shower and when I go to my classes. Everywhere I sit it leaves a puddle of feces. We tried almost every thing to stop it from leaking nothing worked. I cant sleep at night because my skin is irritated by the feces leaking where im laying. When I drink water it leaks more. I am embarrassed and living in an unsanitary way. Can you please help to have this surgery done to put my intestines back inside me please and thank you.

**NOTE: Only a copy of this appeal and the response will be returned to you.****STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White — Process to Step III; Green, Canary, Pink — Process to Step II; Goldenrod — Grievant

RICHARD A. HANDLON  
CORRECTIONAL FACILITY  
SECOND STEP GRIEVANCE RESPONSE


GRIEVANCE NUMBER: MTU/17/05/00351/028a

PRISONER NAME: [REDACTED]

PRISONER NUMBER: [REDACTED]

RESPONSE

The Step I rejection has been reviewed by the Warden's Office in accordance with PD 03.02.130, Prisoner/Parolee Grievances, and the **REJECTION IS UPHELD AT STEP II.**

  
Warden D. Burton

7-21-17  
Date



MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94

CSJ-247A

028a

Date Received at Step I 5-23-17 Grievance Identifier: MTM1710510P351101211

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
[REDACTED]	[REDACTED]	M.T.U	A-49	5-21-17	5-21-17

What attempt did you make to resolve this issue prior to writing this grievance? On what date? \_\_\_\_\_  
If none, explain why. GRIEVED RELATED ISSUE (NOT SAME) ON MARCH, 25<sup>TH</sup> 2017, KITE TO MEDICAL ON MAY 17<sup>TH</sup>, 2017, SPOKE WITH CASE MANGER ON MAY 19<sup>TH</sup>, 2017!

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

I AM WRITING THIS GRIEVANCE PURSUANT TO MCL 330.1722 (i.e., CHAPTER 7 SECTION 122 1-3; OF P.A. 258 OF 1974). AS IN ACCORDANCE WITH THE AFORE MENTIONED MENTAL HEALTH CODE: RECIPIENTS OF SERVICES ARE PROTECTED FROM THE TYPES OF NEGLECT AND ABUSE I AM BEING SUBJECTED TO ONGOING. THE INSUFFICIENCIES OF THE SUPPLIES BEING MADE AVAILABLE FOR THE CARE OF MY OSTOMIES CLEARLY CONSTITUTES IMPROPRIETY AND INADEQUACY OF CARE. AS THE CONSTANT LEAKING AND DETACHING OF MY BAGS UNEXPECTEDLY AND OFTEN AT THE MOST EMBARRASSING TIMES HAS (SINCE THE FIRST OF MANY) BEGAN TO INCREMENTALLY TAKE A PSYCHOLOGICAL TOLL ON ME BY CAUSING EMOTIONAL DISTRESS, MENTAL ANGUISH, EMBARRASSMENT, INSECURITY, SOCIAL WITHDRAW, PROVOCATIONS OF SUICIDAL IDEATIONS. THESE IN ADDITION TO ~~ASSOCIATED~~ HYGIENIC CONCERNS ASSOCIATED WITH NOT SLEEPING BECAUSE WHENEVER I DO IT SEEMS I WAKE UP COVERED IN FECES, LAYING IN FECES, & AM FORCED TO FOREBEAR ATTENDING MY COLLEGE CLASSES AS A RESULT OF THE PROPENSITY FOR THE FALLING OFF OF MY BAGS, AND THEIR INEFFECTIVE PURPOSE. IT APPEARS THE ONLY PLAUSIBLE AND PRACTICAL RESOLUTION TO THE MATTERS OF MISTREATMENT AND NEGLIGENCE ADDRESSED BY THIS GRIEVANCE WILL BE TO SCHEDULE AND PERFORM THE MUCH NEEDED AND APPROPRIATE SURGERY TO ELIMINATE MY NEED FOR COLOSTOMY BAGS. IN ADDITION TO MY OWN RIGHTS BEING IMPEDED ~~AND~~ UPON AND VIOLATED, THE RIGHTS OF OTHERS (SUCH AS BUT NOT LIMITED TO MY CELL MATE, OTHER PRISONERS, AND EVEN FACILITY STAFF) WHOM IM CERTAIN WOULD APPRECIATE HAVING THE ASSUMPTION THAT ALL PROACTIVE AND PREVENTIVE MEASURES ARE BEING TAKEN TO ASSURE THIS ENVIRONMENT REMAINS CLEAN AND SANITARY. FOR THAT REASON I ALSO BELIEVE IT TO BE APPROPRIATE THAT I BE GIVEN THE NEXT AVAILABLE SINGLE CELL!

Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Grievance is rejected as PD 03.02.130 allows as it is a duplicate to MTU-17-03 00225-0122

NOTE: Grievance has been reassigned the identifier number MTU-17-05-00351-028a

<u>C. Heffellman</u>	<u>6-2-17</u>	<u>Sara Yoka</u>	<u>6/5/17</u>
Respondent's Signature	Date	Reviewer's Signature	Date
<u>C. Heffellman</u>	<u>Grievance Coordinator</u>	<u>Sara Yoka</u>	<u>A. D. Smith</u>
Respondent's Name (Print)	Working Title	Reviewer's Name (Print)	Working Title

Date Returned to

Grievant:

6-6-17

If resolved at Step I, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

# Addendum to Prisoner Grievance Appeal

## Reason for Appeal from Step One

NAME


NUMBER

Grievance Identifier: MTU-17-05-00351-0289

DATE: 6/10/17

In any attempt to minimize the substance of the more precise issue to be addressed by the above cited grievance identifier, it's comprehensible to assume the subject matter is a reflection of my previous CSJ-247A and 247B (Identifier MTU-17-03-00225-012 which purposed to shed light upon similar concerns. However the "duplicate" nature of those concerns should not be confused with the true substance of the issue(s) pertinent to this subsequent grievance. Nor shall it constitute any justifiable or acceptable reason to downplay the seriousness of my physical and/or mental Health Concerns. As the issue of primary concern in this latter grievance to be specifically given attention is a complaint dealing with the violation of state law (i.e. Public Act 258 of 1974, upheld by MCh 330.1722, which in essence asserts recipients of Mental Health Services "shall not be subjected to abuse or neglect"! Including such neglect and abuse as the deliberate incompetence being executed upon me with reckless continuity for several months now by healthcare

providers here at Handlon Corr. Facility (MTU) who have for several months only offered me the same futile, inadequate and unproductive solutions, which constitute neither resolve or remedy. I still on a day to day, night after night basis, and even more and more frequently suffer with overwhelming and now unbearable hygienic, psychological, emotional consequences of my bags (ostomies) constantly leaking onto my clothing, my bedding, falling off, intense burning at the sites where they come in contact with my skin and body, in addition to pain. Section 100a, (1) of the mental health code defines "abuse" as non-accidental emotional harm. Therefore it's only practical and appropriate to assert that psychological and emotional torment being inflicted upon me by the inefficiency of the healthcare and prolonged procrastination in avoidance of performing the required and necessary operation to eliminate the need for my bags, clearly constitutes neglect and meets the definition criteria for "abuse" as defined by the mental health code. Therefore this is an issue of recipient rights violation, contrary to Mental Health Code codified by Michigan State law! Therefore the reason given for rejection at STEP ONE is inappropriate in it's context...



### Step III Grievance Response

ARF 17010257

Grievant alleges he is inappropriately being denied access to an ileostomy reversal.

In accordance to PD 03.02.130 grievances are to be rejected when untimely. Pursuant to policy, this grievance was untimely filed by the grievant at the Step III appeal. The grievant's Step III appeal was to be received by March 28, 2017, however it was not received until April 17, 2017.

The grievance tracking number has been changed from ARF-17-01-0257-12d to ARF-17-01-0257-28e in order to reflect the grievance category code at Step III.

Grievance rejected.

Response of Bureau of Health Care Services

Date: 5/8/2017

Approved:

R. Harbaugh, RN  
R. Harbaugh, RN

Date: 5/9/17

Richard D. Russell

Richard D. Russell Manager, Grievance Section Office of Legal Affairs

MAY 26 2017

Date Mailed

Ref. # 26434

C: Warden ARF

Regional Health Care Administrator

Southern

Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 5/09

CSJ-247B

**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**Date Received by Grievance Coordinator  
at Step II: 2-27-17Grievance Identifier: SARF1171011 1257 1120

**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Ream by 3-1-17. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
[REDACTED]	[REDACTED]	ARF-3	G-150	1/25/17	2/24/17

**STEP II — Reason for Appeal** *(Did not receive until 2/23/17) I have explain ungrate that a reversal of my medical condition is warranted and the supplies I need daily are denied or not given on time. I stated repeatedly that to not be able to use my colon and still be passing blood and staff are completely aware of the medical issue and not send me to a specialist when per doctors examined me, stated quote this is outright malpractice on the part of MDOC and Corizon Health Cores*

**STEP II — Response**Date Received by  
Step II Respondent:*(See Attached)*

S. Aiken, PNI 3

*S. Aiken*

3-8-17

Date Returned to  
Grievant:

3.13.17

Respondent's Name (Print)

Respondent's Signature

Date

**STEP III — Reason for Appeal** *I went for a long period of time without medical supplies and medical tape for my colostomy bag. Then to be denied a visit to a specialist when I am constantly passing blood in my colon when it's not being used. The staff in health dismisses these conditions as if it were normal so it's better for the court to decide.*

**NOTE:** Only a copy of this appeal and the response will be returned to you.**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant



## Step II Grievance Appeal Response

G-150

Grievance Number: ARF 2017 01 0257 12D
Prisoner Name: [REDACTED]
Prisoner Number: [REDACTED]

I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

**SUMMARY OF STEP I COMPLAINT:** Grievant alleges that he has been denied surgery by Corizon Health Care. States that he needs the surgery and for staff to find out the root cause for not being able to use his colon in a normal basis. States that after careful consultation with lawyers and doctors he was told to write grievances so an investigation can be done. Date of incident 1/25/17.

**SUMMARY OF STEP I RESPONSE:** Upon investigation and review of the Electronic Health Record (EHR), noted that the above issue were already addressed in his last grievance number ARF 2017 01 0256 12E on 2/7/17. Grievant is being evaluated, treated, diagnostic testing conducted and monitored by the MP. The MP is responsible for determining the most appropriate course of treatment. A disagreement with the medical judgment of the MP does not support a claim that the treatment plan is inappropriate. Grievance denied. Grievant is encouraged to access health care through the HCR process to address any current health care concerns. Date of response 2/9/17.

**SUMMARY OF STEP II REASON FOR APPEAL:** Grievant alleges (did not receive until 2/23/17) I have explain unguided that a reversal of my medical condition is warranted and the supplies I need daily are denied or not given on time. I stated repeatedly that to not be able to use my colon and still be passing blood and staff are completely aware of the medical issue and not send me to a specialist when pass doctors examined me "stated quote this is out right malpractice on the part of MDOC and Corizon Health Care." Date of incident 1/25/17.

**SUMMARY OF STEP II INVESTIGATION:** Upon investigation of the EHR (Electronic Health Records) Grievant underwent Colectomy with ileostomy in December of 2015. The MP notes on 1/13/17; He (Grievant) states that he was being followed at U of M while out on parole(2/2016-8/2016) and a colostomy reversal was being planned. The patient signed a disclosure form 12/1/2016 at another facility to obtain old records from U of M records could not be found today; will chart review in two weeks to see if records have been sent to this facility. On 2/10/17, the MP notes the outside records have not yet been received; the MP scheduled a follow up. Grievant is currently scheduled to see MP on 3/10/17 for follow up.

The MP is in charge of your treatment plan, the MP would be the one to request a surgery consult for colostomy reversal, if it is medically necessary. Please follow up with the MP for your request of a reversal [REDACTED] if you are having issues with your skin integrity at the stoma site, you are encouraged to submit a HCR for evaluation, as there is no documentation in the EHR indicating that you are having any issues involving skin irritation or that you have request any other medical supplies other than what is being supplied to you. Grievance denied at this time.

*This is the same response as in Grievance ARF 2017 01 0256 12E (duplicate issue).*

[REDACTED] is being monitored for his medical needs, and is issued supplies for his colostomy care. Grievant has and will continue to receive all necessary medical treatment. Grievant is encouraged to access health care through the Health Care Request (HCR)/kite process to address any current health care concerns and to constructively discuss his concerns with Health Care Staff at scheduled appointments.

**CONCLUSION: Evidence**

- PD 03.02.130, Prisoner Grievances
- Policy 03.04.100 Health Care Services

Grievance Denied: Review of the evidence supports that Grievant's medical needs are being addressed. Duplicate issue as grievance ARF 2017 01 0256 12E.

RESPONDENT NAME: Subrina Aiken, RN	TITLE: Clinical Administrative Assistant Jackson Health Care Office Administration
RESPONDENT SIGNATURE: Subrina Aiken, RN	DATE: 3/8/17



MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94

CSI-247A

Date Received at Step I 1-30-17 Grievance Identifier: AIR 11710111 1057 1/21

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
[REDACTED]	[REDACTED]	ADPS	G-150	1/25/17	1/28/17

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 1/26/17If none, explain why. NOTE: I have made every effort necessary to request for a reversible surgery well needed and numerous employees of Canyon Healthcare recommended I write this grievance.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

I will finish the grievance process, because neglect by staff the last year & half has caused my daily functions to be alter based upon delay of a surgery that is definitely needed. This seems to be a systemic problem that Canyon Healthcare is in the habit of denying inmates surgery when they are within (2) years of their ERD. I need this surgery and Canyon Healthcare and its staff the root cause for not able to use my colon on a normal basis. After careful research and consulting with Doctors and lawyers I was told to file a grievance and ask for an investigation into this matter because this medical malpractice pg 2 should have never happen

RESPONSE (Grievant Interviewed?) ☒ Yes ☐ No If No, give explanation. If resolved, explain resolution.)See attached

Debra L. Morris 2/9/17  
Respondent's Signature Date  
DEBRA L MORRIS ADPS  
Respondent's Name (Print) Working Title

Scampbell 2/9/17  
Reviewer's Signature Date  
Scampbell ADPS  
Reviewer's Name (Print) Working Title

Date Returned to Grievant: 2-15-17  
If resolved at Step I, Grievant sign here.  
Resolution must be described above.

Grievant's Signature

Date

**Step I Grievance Response**

Grievance Number:

ARF/2017/01/0256/12E

Prisoner Name:

Prisoner Number:

Prisoner

x

was

was NOT interviewed. GIVE REASON:

**SUMMARY OF COMPLAINT:**

Grievant alleges that he has been denied surgery by Corizon Health Care. States that he needs the surgery and for staff to find out the root cause for not being able to use his colon in a normal bases. States that after careful consultation with lawyers and doctors he was told to write grievances so an investigation can be done.

**INVESTIGATION INFORMATION**

Upon investigation and review of the Electronic Health Record (EHR), noted that the above issues were already addressed in his last grievance number ARF/2017/01/0256/12E on 2/7/17.

**APPLICABLE POLICY, PROCEDURE, ETC.**

Policy 03.04.100 Health Care Services

**SUMMARY**

Grievant is being evaluated, treated, diagnostic testing conducted and monitored by the Medical Provider (MP). The MP is responsible for determining the most appropriate course of treatment. A disagreement with the medical judgement of the MP does not support a claim that the treatment plan is inappropriate. Grievance denied. Grievant is encouraged to access health care through the health care request process to address any current health care concerns.

RESPONDENT NAME:

Debrah L Marine

TITLE:

ARNJ3

RESPONDENT SIGNATURE:

Debrah L. Marine

DATE:

2/9/17

REVIEWER NAME:

J Campbell

TITLE:

HUM

REVIEWER SIGNATURE:

J Campbell

DATE:

2/9/17

Date Returned to  
Grievant:If resolved at Step I, Grievant sign here.  
Resolution must be described above.

Grievant's Signature

Date

### Step III Grievance Response

Kohchise Jackson

445579

JCS 17050352

Grievant alleges he has been denied surgery to reverse his colostomy.

All relevant information within the electronic medical record has been reviewed. Step I and Step II appropriately addressed this grievance and are affirmed at the Step III appeal. Grievant will continue to be monitored and treatment will be determined by a qualified Medical Provider. A disagreement with the plan of care does not support a denial of care or inadequate medical treatment.

Grievant appeal denied.

Response of Bureau of Health Care Services

Date: 10/13/2017

Approved: R. Harbaugh RN2  
R. Harbaugh, RN

Date: 10/19/17

Richard D. Russell  
Richard D. Russell Manager, Grievance Section Office of Legal Affairs

OCT 25 2017

Date Mailed

Ref. # 26712

C: Warden > JCS

Regional Health Care Administrator  
Grievant

Southern

MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 5/09

CSJ-247B

**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**Date Received by Grievance Coordinator  
at Step II: 5-31-17

Office of Legal Affairs	JCS	17	05	352	12D
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**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III. **Send Step I Grievance with Response or the Goldenrod copy of step I.**

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Griev. Coordinator by 6/12/17. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
KHCHISE Jackson	445579	JCS	H-42	4-26-17	5-26-17

**STEP II — Reason for Appeal**

Constitutional rights of Prisoners Chapter 4. The 8th Amendment Medical Care. Necessary Treatment clearly states that inmates in need of Medical must be provided with access to opportunities available to free-world person to obtain medical care and cures. Denial is a Deliberate Indifference, and constitutes cruel and unusual punishment to the prisoner. It further violates Policy Directive 03.03.130 Humane treatment and conditions for prisoner. Refusal to treat my medical concerns are actionable under the 42 USCA 1983 Act.

**STEP II — Response**Date Received by  
Step II Respondent:

(See Attached)

S. Aiken, RN/3

S. Aiken

6-8-17

Date Returned to  
Grievant:

6-10-17

**STEP III — Reason for Appeal**

I am a ward of the state, incarcerated within the Michigan Department of Corrections as the MDOC is responsible for my care medical staff needs. I have informed the medical staff of JCS that this colostomy bag is causing me continuous pain and discomfort. That they continue to ignore my medical needs to remove it. The negative attitude and actions of the JCS medical staff demonstrates a profound deliberate indifference to pain and medical need. I force me to continue to endure such an ordeal constitutes cruel and unusual punishment. Furthermore, funds are annually issued for the care of state prisoners, this includes medical care. And the removal of this pain causing colostomy is medical necessary to relieve my pain and discomfort. And my request for medical care and relief from pain is profoundly essential. XCVSES From the medical staff are only demonstration of non-concern for my health and well-being. Deliberate Indifference.

**NOTE:** Only a copy of this appeal and the response will be returned to you.**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant



## Step II Grievance Appeal Response

Grievance Number: JCS 2017 05 0352 12D
Prisoner Name: Jackson, Kohchise
Prisoner Number: 445579

I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

**SUMMARY OF STEP I COMPLAINT:** Complains that he is being denied necessary medical/surgical procedure to reverse colostomy. Date of incident 4/26/17.

**SUMMARY OF STEP I RESPONSE:** Electronic Health Record (EHR) was reviewed. The Grievant complains that he requires a surgical procedure to reverse a colostomy. He reports that he was scheduled for the procedure while being house in the St. Clair County Jail prior to being transferred to MDOC and states, "I was told that my surgery had been cancelled because I was transferring and once I transferred that MDOC would take over and do all the paperwork for me to have the surgery." The Grievant arrived at RGC on 3/23/17. On 3/24/17 he was seen by the facility Medical Provider (MP) at RGC for intake. It is documented by the MP that the colostomy was in good status and that the Grievant, "able to complete self-care. Has a greater degree of body image issue than other concerns." On 3/29/17 a ROBERTA-R was completed on the Grievant by healthcare because the Grievant was displaying mild anxiety. It is documented in the ROBERTA-R by the facility MP, "No urgent medical issues were reported from the surgeons office and the colostomy is functional. It is not likely that the colostomy will be reversed in the MDOC." On 4/3/17 the Grievant was seen by Mental Health (MH) provider. It is documented by the MH provider, "He signs a consent for me to contact the proper recipient rights person on his behalf and his given a copy of it." On 4/7/17 the Grievant was seen by the MP at RGC for medical clearance. It is documented, "Continues to verbalize that ostomy was to be temporary and reversed. No medical necessity per outside documentation or from conversation w/surgeons office (Dr. Kansakar)." The Grievant received radiologic studies on 4/7/17, which showed no issues with the colostomy. On 4/12/17 the Grievant arrived at JCS and was referred to the MP by the nurse for questions regarding his colostomy. The Grievant was seen by the JCS facility MP on 4/18/17, and a request was submitted and refused/deferred for surgical consult for colostomy reversal, with indication from Lansing that is documented, "Medical necessity not demonstrated at this time. Continue to follow in on site clinic by MP." On 4/26/17 the Grievant was seen by the JCS MP to inform him of the denial of the surgical consult for colostomy reversal. It is documented that the Grievant, "Became so upset when told about the not approval consult request stating that he's planning to file a law suit." During the grievance the Grievant states, "I was approved for the surgery in January and was scheduled to have the operation on February 9<sup>th</sup>. I just feel like I have been lied too." This writer also discussed with Grievant that he has the option to pay for outside medical services according to policy if he is not satisfied with the healthcare that he is receiving, but he would assume all costs incurred. Encouraged to utilize the health care request (HCR) forms to address current healthcare issues and concerns. The Grievant has been seen on multiple occasions for his complaint. A referral for surgical consultation regarding colostomy reversal was submitted and denied based on no medical necessity documented. According to PD 03.04.100, Health Services, paragraph O, AA, and HH-MM, the Grievant has received the appropriate referrals and may request outside medical services which he would assume all costs incurred. Grievance denied. Date of response 5/15/17.

**SUMMARY OF STEP II REASON FOR APPEAL:** Grievant alleges constitutional rights of prisoners chapter 4. The 8<sup>th</sup> Amendment medical care. Necessary treatment. Clearly states, that inmates in need of medical must be provided with access to opportunities available to free world person to obtain medical care and cures. Denial is a deliberate indifference, PD 03.03.130 Humane Treatment and Conditions for Prisoner. Refusal to treat my medical concerns is actionable under the 42 USCA 1983 Act. Date of incident 4/26/17.

**SUMMARY OF STEP II INVESTIGATION:** Upon investigation of the Step II appeal; the Step I response, reason for appeal, the Electronic Health Record (EHR), and policies were all reviewed, including any additional information needed was obtained as necessary to complete the response. The Michigan Department of Corrections (MDOC) doesn't reverse colostomies unless it is medically necessary, the surgery you are requesting is non-essential. Currently documentation reflects the colostomy is functional. While the Department is responsible for providing prisoners with necessary health services, prisoners may seek non-essential health services from outside providers at no cost or liability to the Department. Grievant is to follow OP 04.06.135 Prisoners Requesting Outside Health Services At Own Expense; submit HCR to HUM after obtaining information from the outside provider, including provider contact information and estimate of medical cost, for approval for outside health care at prisoner's own expense, which includes medical, transportation and custody costs. Prisoner must have adequate funds in his account to cover the cost of the health services, as well as funds to cover transportation and custody costs. If prisoner has outside insurance that will cover the cost of the medical procedure, prisoner must obtain written verification of coverage. Please review OP 04.06.135 and PD 03.04.100 Health Services; Outside Health Services at Prisoner's Expense. Grievant's allegations are not substantiated by the evidence. Review of the evidence supports that Grievant's medical needs are being addressed. Grievant is encouraged to access health care through the kite process to address any current health care concerns.

**CONCLUSION: Evidence**

- PD 03.02.130, Prisoner Grievances
- Policy 03.04.100 Health Services
- OP 04.06.135 Prisoners Requesting Outside Health Services At Own Expense

Grievance Denied: Review of the evidence supports that Grievant's medical needs are being addressed. Mr. Jackson, per documentation, you are doing fine with current condition, the reversal is a major surgery with potential complications up to death and the Department will not ok a dangerous unnecessary elective procedure, a reversal for a functional colostomy is considered non-essential. POLICY IS NO REVERSALS UNLESS there is a MEDICAL REASON. Grievant can seek outside Services at his Own Expense, by following policy/procedures.

RESPONDENT NAME: Subrina Aiken, RN	TITLE: Clinical Administrative Assistant Jackson Health Care Office Administration
RESPONDENT SIGNATURE: <i>Subrina Aiken, RN</i>	DATE: 6/8/17

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

CS-05-17A-001 PCVD

4835-4247 10/94  
CSJ-247A

Date Received at Step I

5-10-17

Grievance Identifier:

DCS 11105 75212 D

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
KOHCHISE JACKSON	445579	JCF	H-42	4-26-17	5-4-17

What attempt did you make to resolve this issue prior to writing this grievance? On what date?

If none, explain why. I told the nurse I was Schedule for surgery and for Her to put me on sick call

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

I was schedule for an operation in St. Clair County to remove my ~~colostomy~~ colostomy bag. last December I was transferred to M.O.C. before I could receive my operation. I just spoke with medical staff on 4/26/17 were the Doctor informed me that they will not do the operation that I need to reverse my colostomy bag. This is very unsanitary and violates my 8th amendment Constitutional rights.

Konchise Jackson

Grievant's Signature

RESPONSE (Grievant Interviewed?)



Yes

☐ No

If No, give explanation. If resolved, explain resolution.)

SEE ATTACHED

Christine Ausmus

Respondent's Signature

5/15/17

Date

Christine Ausmus

Respondent's Name (Print)

RD13

Working Title

K. Ruppe

Reviewer's Signature

5-18-17

Date

K. Ruppe

Reviewer's Name (Print)

HVM

Working Title

Date Returned to  
Grievant:

5-22-17

If resolved at Step I, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date



## Step I Grievance Response

Grievance Number:	JCS-2017-05-0352-12D
Prisoner Name:	Jackson, Kohchise
Prisoner Number:	445579

Prisoner	<input checked="" type="checkbox"/>	was	<input type="checkbox"/>	Was not	GIVE REASON:	
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## SUMMARY OF COMPLAINT:

Complains that he is being denied necessary medical/surgical procedure to reverse colostomy.

## INVESTIGATION INFORMATION

Electronic Medical Record (EMR) was reviewed. The grievant complains that he requires a surgical procedure to reverse a colostomy. He reports that he was scheduled for the procedure while being house in the St. Clair County Jail prior to being transferred to MDOC and stated, quote, "I was told that my surgery had been cancelled because I was transferring and once I transferred that MDOC would take over and do all the paperwork for me to have the surgery." The grievant arrived at RGC on 3/23/17. On 3/24/17 he was seen by the facility medical provider (MP) at RGC for intake. It is documented by the medical provider that the colostomy was in Good status and that the grievant, quote, "Able to complete self-care. Has a greater degree of body image issue than other concerns." On 3/29/17 a ROBERTAR was completed on the grievant by healthcare because the grievant was displaying mild anxiety. It is documented in the ROBERTAR by the facility MP, quote, "No urgent medical issues were reported from the surgeons office and the colostomy is functional. It is not likely that the colostomy will be reversed in the MDOC." On 4/3/17 the grievant was seen by Mental Health (MH) provider. It is documented by the MH provider, quote, "He signs a consent for me to contact the proper recipient rights person on his behalf and his given a copy of it." On 4/7/17 the grievant was seen by the MP at RGC for medical clearance. It is documented, quote, "continues to verbalize that ostomy was to be temporary and reversed. No medical necessity per outside documentation or from conversation w/surgeons office (Dr. Kansakar)." The grievant received radiologic studies on 4/7/17, which showed no issues with the colostomy. On 4/12/17 the grievant arrived at JCS and was referred to the MP by the nurse for questions regarding his colostomy. The grievant was seen by the JCS facility MP on 4/18/17, and a request was submitted and refused/deferred for surgical consult for colostomy reversal, with indication from Lansing that is documented; quote, "Medical necessity not demonstrated at this time. Continue to follow in on site clinic by MSP." On 4/26/17 the grievant was seen by the JCS MP to inform him of the denial of the surgical consult for colostomy reversal. It is documented that the grievant, quote, "Became so upset when told about the not approval consult request stating that he's planning to file a law suit." During the grievance interview the grievant stated, quote, "I was approved for the surgery in January and was scheduled to have the operation on February 9<sup>th</sup>. I just feel like I have been lied too." This writer also discussed with grievant that he has the option to pay for outside medical services according to policy if he is not satisfied with the healthcare that he is receiving, but he would assume all costs incurred.

## APPLICABLE POLICY, PROCEDURE, ETC.

PD 03-04-100 Health Services

## SUMMARY

Encouraged to utilize the healthcare request forms to address current healthcare issues and concerns. The grievant has been seen on multiple occasions for his complaint. A referral for surgical consultation regarding colostomy reversal was submitted and denied based on no medical necessity demonstrated. According to PD 03-04-100, Health Services, paragraph O, AA, and HH-MM, the grievant has received the appropriate referrals and may request outside medical services which he would assume all costs incurred, and Grievance denied.